

greatly needed. For more than twenty-five years, this JOURNAL has continued the organ of our Association, and it has increased in value year by year, until, under the able management of its present editor, it has arrived at such a state of efficiency as may enable it to compare advantageously with the best medical journal of the day.

It became necessary, as the members of the Association increased in numbers and its area of operations extended, to substitute the name of British Medical Association for that of Provincial. Scotland and Ireland were included in its sphere of operations. Several of the annual meetings of the Association have taken place in distant parts of the country, and, as you are aware, the annual meeting of the Association this year will take place in Scotland. Recently, the Association has been incorporated, in compliance with the requirements of an Act of the legislature.

The influence for good that the British Medical Association is capable of effecting is very great, and it only remains for its constituents to act with unanimity, bringing their legitimate influence to bear upon the eradication of such abuses as are capable of being removed by the legislature, and advocating the cultivation of scientific medical inquiry for the good of the community and the credit of our noble profession.

For the third time, gentlemen, this Branch meets within the walls of this remarkable city. I need hardly say, on the part of the resident members, we welcome you heartily, and, were there time, we would gladly take you round and show you some of the many objects of interest to be found in the neighbourhood, and especially our hospital, founded in 1755, and to which has recently been added a supplementary building for the treatment of small-pox and other infectious diseases. But the long list of papers laid before the meeting will, I fear, prevent our having the pleasure indicated.

Dr. Davies-Colley then proceeded to give an historical sketch of Chester, principally with regard to medicine.

ON THE HISTORY OF BLEEDING, AND ITS DISUSE IN MODERN PRACTICE.

Extracts from an Address delivered at the Annual Meeting of the Bath and Bristol Branch.

By W. MICHELL CLARKE, M.R.C.S.Eng.,

Consulting Surgeon to the Bristol General Hospital; President of the Branch.

AFTER describing his experience of the mode of practice followed when he commenced the study of the medical profession as an apprentice, Mr. Clarke said: Since that time, the management of disease by the antiphlogistic treatment has been gradually and completely given up; and this, I think, is the greatest change that has been made. There have been many others; but this abandonment of the old heroic plans, and the substitution of a more careful following of natural processes, stands preeminent, and is so great that, as I said before, the whole condition of things is altogether so altered that it appears to be entirely new.

We are not likely to see so great a transformation again, and more particularly as to the complete way in which the principal item of the antiphlogistic class, viz., bleeding, has been given up. It would be difficult to overestimate the influence that bleeding has had upon medical practice, from a period almost beyond the beginning of the history of medicine, or how in a vast number of cases the chief point considered was whether the patient should be bled or not. No doubt, there have been great variations in the amount of bleeding done, and there have been opponents of the practice asserting that it was never necessary from the earliest times; but, on the whole, it has been the most important part of medical treatment from very early times.

It is not easy to trace the exact beginning, but it was in free use in the time of Hippocrates, from which it may be fairly inferred that it was introduced long before by the schools of the Asclepiadæ. The discovery of the probe and the employment of bandages for wounds is attributed to one of the three individuals who were distinguished by the name of Æsculapius; but there is no mention of the lancet at so early a period.

The practice of purging, too, is recorded of a time long before we have any mention of bleeding. Thus Melampus is said, long before the times of any of the Æsculapii, to have cured the daughters of Prætus king of Argos, by the free use of hellebore; and we have retained until modern times the name Melampodium. But no mention of bleeding is made so early, nor, indeed, until we find it used as an ordinary remedy by Hippocrates and his school. Homer makes no note of bleeding in either the *Iliad* or the *Odyssey*, although it has always been a matter of wonder how ingenious he was in inventing various kinds of wounds and

injuries. We know from this author that two surgeons, at least, accompanied the Trojan army to the siege of Troy, Podalirius and Machaon, reputed sons of the Æsculapius who is said to have first used the probe and bandages. They do not appear to have practised bleeding. Perhaps, if Homer had known what we do, they would have been esteemed still more for that omission.

Podalirius, it is said, was cast, on his return, by a tempest on the shore of Caria. A shepherd rescued him; and, learning that he was a physician, says Kenouard (a surgeon would have been more correct, as Celsus says they only treated wounds, "sed vulneribus tantummodò, ferro et medicamentis, mederi solitos esse"), he conducted him to Dametus, the king of the country, whose daughter had lately accidentally fallen from the top of the house. She was insensible and motionless, and the attendants already supposed her dead; but this skilful surgeon bled her from both arms, and had the happiness of restoring her life.

Here is the first example of bleeding practised for the purpose of a cure; unhappily, it is not very authentic.

There is, in truth, no certain notice of phlebotomy until it stands out clearly as a common practice in the time of Hippocrates; and a search after the precise time, or the particular operator who first was bold enough to plunge in the lancet and abstract blood, will only lead to disappointment.

The Greeks derived their earliest medical knowledge from the Egyptians; but there is no evidence that they learned from them the art of bleeding, or that it was ever employed by them.

The Chinese claim even a greater antiquity than the Egyptians; but there is no evidence of the practice having been employed by them, nor by any other of the ancient Eastern nations. (Bancroft.)

Although, however, we cannot ascertain the exact period during which bleeding has been in vogue, we know that it was in use for nearly 2,500 years; and I have often thought that the remarkable and abrupt cessation from its use in our own times has not surprised us so much as, when we consider the subject, it ought to have done. Whether we consider the antiquity and duration of the practice, and the universality of its employment, or the completeness of its abandonment now, it is equally astounding—nothing less than a complete revolution in the practice of medicine.

Experience must, indeed, as Hippocrates says in his first aphorism, be fallacious if we decide that a means of treatment, sanctioned by the use of between two and three thousand years, and upheld by the authority of the ablest men of past times, is finally and for ever given up. This seems to me to be the most interesting and important question in connection with this subject. Is the relinquishment of bleeding final? or shall we see by and bye, or will our successors see, a resumption of the practice? This, I take it, is a very difficult question to answer; and he would be a very bold man who, after looking carefully through the history of the past, would venture to assert that bleeding will not be profitably employed any more.

There have been opponents of the practice from the earliest times; and this is one of the strongest arguments against those who have held, or hold now, that bleeding has gone out because of a change in the type of disease, or because of a deterioration in the strength of the present race of patients. There have been, also, periods when it has been scantily, and others when it has been profusely, employed; and some of the facts connected with this point seem to show that, although the change of type theory cannot afford the whole explanation, yet there have been times when bleeding has been better borne, or more beneficial than at others.

Nearly as early as the time of Hippocrates, who "sometimes carried bleeding to a great extent, even in chronic diseases" (Hamilton), we find that Chrysippus, a pupil of Eudoxus of Cnidos, had an insuperable objection both to purgatives and venesection. (Hamilton, p. 71.)

Again, Erasistratus, who is supposed to have been a contemporary with Herophilus, and to have flourished in the reign of Seleucus, about three hundred years before our era, and is admitted by all but Galen, whose inordinate veneration for Hippocrates too often leads him to be unjust to the merits of others, to have been an anatomist of the first skill, and a practitioner of the first reputation, according to Galen, wholly banished the use of the lancet; but we are informed by others that, without absolutely interdicting it, he was much more sparing of bleeding than other practitioners. (Hamilton, pp. 85 and 89.)

There is no difficulty in finding evidence of the free use of bleeding in most periods of medical history; and, although not so distinct, there may yet be traced with sufficient clearness marks of the varying frequency with which it was employed. I have alluded to two instances of abstinence from bleeding at very early periods; my next illustration belongs to another time and another school.

Galen, in his work addressed to the Roman followers of Erasistratus,

details how, when he first came to Rome, he saw patient after patient die, suffocated with pneumonia and angina, because the physicians refused to bleed; by way of contrast, he triumphantly records how he had been called to see the steward of a rich man in the suburbs of Rome, who had been suffering under ophthalmia for twenty days, and had been treated without benefit by the family physician, who was of the Erasistratean sect. "I found the patient", says Galen, "a plethoric young man, with intense inflammation, swelling, and pain and discharge. Knowing what the treatment had been, I said that it was impossible I could take charge of such a patient in the suburbs, and that I ought to see him very frequently for at least three days. Let me take him home, I said, for three days. They assented gladly. I at once drew three pounds of blood; and, at three o'clock, one more." He was wonderfully relieved next day; and, with other treatment, much as we should employ it now, the patient recovered. We learn, also, that the master of the steward, on hearing what had made so admirable a cure, nicknamed his Erasistratean physician *Αἱμαφόρος*, Anglicè Blood-funker. (Cooper's *Surgical Dict.*, p. 54.)

For the practice of bleeding largely in pleurisy and pneumonia, which Hippocrates and Galen had enjoined, the Arabs substituted one entirely opposite; they prescribed pricking slightly the vein of the foot, to let the blood flow drop by drop. Their method prevailed throughout Europe until the commencement of the sixteenth century; then, a pleuritic epidemic having appeared several times in the capital of France, a physician of Paris, named Pierre Brisset, distressed to see the most of his patients perish, and encouraged, also, by reading the Greek authors, dared to revive their practice. The success he obtained filled him with enthusiasm; he hastened to publish it, and proclaimed boldly the superiority of the method of Hippocrates to that of Avicenna. (Renouard, *Trans.*, p. 323.)

It has generally been, I believe, during the occurrence of some epidemic in which the treatment at the time in fashion has been found to be unsuccessful, that bleeding has been resorted to at one time, and abandoned at another; and this, I think, speaks plainly in favour of the landmarks by which both modern and ancient physicians profess to have been guided.

I cannot find time to cite the numerous instances in which bleeding was avoided. Abernethy appears to have had a wholesome dread of it, whilst yet he bled freely. He says: "I have seen a patient bled and bled; and, two or three days after, the medical man has been glad to throw in the bark, and try every means when it was too late." Again: "I have lived in London all my life, and am very chary of taking blood; but still, if some were to see how I would bleed a patient in inflammation of a vital organ, they would wonder." (Cooper's *Dict.*, p. 56.)

But it is not only with regard to very long periods of history that this change with regard to the practice of bleeding has occurred. Dr. Adams, the learned translator of Hippocrates for the old Sydenham Society, says: "Then there is given a general rule for bleeding in disease which certainly is well deserving of attention at the present time, when professional opinions on this point are very much unsettled. Now-a-days we have abandoned all general rules of practice, and profess to be guided solely by experience; but how variable and uncertain are its results in the present case. I myself—albeit but verging towards the decline of life—can well remember the time when a physician would have run the risk of being indicted for culpable homicide if he had ventured to bleed a patient in common fever; about twenty-five years ago, venesection in fever, and in almost every disease, was the established order of the day; and now what shall I state as the general practice that has been sanctioned by the experience of the present generation? I can scarcely say, so variable has the practice become in fever and in many other diseases of later years." (Sydenham Society's Translation of Hippocrates, vol. i, p. 307.)

We certainly cannot say now that the practice is variable, for we are most decidedly living in one of the periods when the lancet is carried idly in its silver case; no one bleeds; and yet from the way in which I find that my friends retain their lancets, and keep them from rusting, I cannot help thinking that they look forward to a time when they will employ them again. And there certainly may come a period when a recurrence of similar conditions may lead to a revival of the practice; we can only hope that this will not be, except upon the most substantial evidence, not upon the apparent success of some popular practitioner.

There can be no doubt that, at some periods, bleeding was used in frightful excess, and such seems to have been the case at the time just preceding that of which I am writing. We cannot read the accounts that have been given by Stokes and others without seeing how the practice was abused; and most of the older of us will have met with instances in which permanent injury had been done to the individual

by it. It appears in this place to have been carried to as great, if not to a greater, excess than anywhere; and I have heard many stories of the way in which the patients at the infirmary and other places used to be bled all round by the students, and that in the most lavish manner. When we come to inquire as to what immediately led to the giving up of bleeding, I think we shall be inclined to say that it was the excess of the last generation that caused the utter collapse of the practice.

Dr. Bennett alleges that it has paled before the brighter light of modern pathology; and, no doubt, the more correct discrimination of disease that we make now, the better diagnosis that we attain, has had much to do with confirming and endorsing the relinquishment of the practice; but the proof of the advantage, so far as it has been derived from statistics and advanced pathological science, seems to me rather to have followed than to have preceded it.

The statistics which prove pneumonia, apoplexy, etc., to have a better rate of recovery without than with bleeding, certainly were produced after the use of it was given up, and when it was being sought to account for this change; but, no doubt, they settled and established the issue.

The consideration of the subject of apoplexy will show how much our advanced and increased knowledge of its causes must influence us when we deliberate upon the advantage or disadvantage of employing bleeding as a means of treatment of it. Thirty years ago, everyone falling into a fit, or even threatening to do so, would inevitably have been bled, and that profusely; but, from what we know now, we may, I think, say that many were fatally bled. At that time, most of the cases of sudden hemiplegia, with or without coma, were attributed to apoplexy, which was divided in the works on medicine into sanguineous and serous; and to the latter class were assigned all the cases in which very slight morbid appearances, or none at all, were found after death; if the serum were but visible, why then it had undergone *post mortem* absorption or transudation, or, at all events, it had been there, but had disappeared.

At this time, we know that many of these cases must have depended upon defective circulation, some upon embolism, some upon minute vegetations detached from one of the valves of the heart, and washed along in the blood until arrested by a cerebral artery, and other conditions in which bleeding is, and must have been, absolutely injurious.

Of these cases, large numbers must have been of the pseudo-apoplectic character, which Stokes has so well described, and which, he says, "differ from ordinary sanguineous apoplexy in three particulars, namely, the frequent repetition of the seizures, the rarity of consequent paralysis, and the fact that there is not only danger from an antiphlogistic treatment, but benefit, both remedial and preventive, from the use of stimulants." (Stokes on *Diseases of Heart and Aorta*, p. 322.)

I do not think that this condition is even yet sufficiently apprehended; but it is fortunate, because it is not always easy to say with which condition we are dealing, that statistics are forthcoming to show that bleeding must have been injurious even in sanguineous apoplexy.

Again, our whole knowledge of the conditions that we now class under the names of septicæmia, pyæmia, embolism, etc., has been acquired in the last twenty or thirty years; and what a difference our recognition of these, imperfect and crude as it is, has made in our estimate of the propriety of bleeding. In a pleurisy, or a pneumonia, a pericarditis, or arachnitis that proceeds from septic conditions, no one would dream of bleeding; and yet these acute affections—most acute and intense, indeed, when produced by blood-contamination—are the ones for which bleeding would have been most severely practised.

No one can imagine that the cases we are writing of have resulted from any change in type or character of constitution, although there can be no doubt that they are much more rife at some times than others, nor can we doubt that they must have occurred through all time. At present, they are the most common conditions, especially in connection with surgery and midwifery; but they occur much more frequently than is yet generally recognised without obvious cause, and in connection with diseases that we are accustomed to call medical.

That they occurred in early times as well as now may, I think, be easily shown. No one can question that the following case, taken from Hippocrates, *On Epidemic Diseases*, was one of pyæmia. "He, whose tibia was cut, had a blackness come upon the part. The ulcer was large on the outside, and the discharge from the hinder part. When it was cleansed, he was seized with a pain of the side and left breast, opposite to it, grew feverish, and died of his fever." (Clifton's Hippocrates, p. 127.)

The hurt bone, in connection with which pyæmia so constantly occurs, the sharp pleuritic pain, the fever, and the fatality, bear the closest resemblance to the disease as we have it now, and we cannot but admire the clear and graphic way in which the case is recorded.

Nothing is said about bleeding in the record; but it shows that sep-

ticæmic conditions played their part at the very beginning of the history of medicine as they do now at the latest period of the same; and that it is almost certain that all through the intermediate time they have done the same; and equally certain that the insight that we now have into the nature and character of these has had an immense influence over medical treatment. That bleeding was formerly and in most times resorted to in such cases might, I think, be abundantly proved.

Sydenham says: "I think pleurisy is a fever originating in a proper and peculiar inflammation of the blood—an inflammation by means of which nature deposits the peccant matters in the pleuræ." (We might think he was writing of septicæmic pleurisy only.) "Sometimes she lays it in the lung itself, and then there comes a peripneumony. This differs from pleurisy only in degree. In my treatment, I have the following aim in view: to repress the inflammation of the blood, and to divert those inflamed particles, which have made an onset on the lining membrane of the ribs (and have there lit up so much mischief) into their proper outlets. For this reason, my sheet anchor is venesection." "Such", says Bennett, "was the pathology and practice of Sydenham, the latter following consistently enough on the former; and the essential idea of diminishing the morbid matters in the blood has not only descended from Hippocrates to the days of Sydenham, but has come down from his to our own times." (*Principles of Medicine*, p. 267.)

What a far-reaching influence Bright's researches must have had on the treatment of inflammation! We should hesitate to bleed for the serous inflammations, the pneumonias, the apoplexies that occur in the course of diseases of the kidneys, although there is one condition—that of puerperal convulsions—in which our colleague Dr. Swayne still advocates venesection.

It is difficult to conceive a time when disease was not the same in most respects as it is now. There may be, and there undoubtedly is, as the result of civilisation and the artificial and enervating modes of living begotten of it, a great deterioration of vital power and degradation, and gradual degeneration of the race; and, amongst other causes, this is, no doubt, promoted by the medical skill which saves weakly and unhealthy children, to live to procreate an unhealthy offspring. But, after all allowance has been made for this, we cannot imagine but that the conditions that I have referred to must have existed through all time. Injuries must have been made fatal by blood-poisoning, and the parturient woman must have encountered the same dangers that she does now; and the various other causes which our advancing knowledge has made clear to us must in old time, as now, have existed, and influenced and modified disease. The amount of influence that the advancing progress of pathological knowledge has had in the last thirty years it is difficult to calculate, and certainly it is not even yet adequately acknowledged or appreciated in many of the books which profess to teach medicine and surgery. In the text-books that I used as a student, there is no mention of pyæmia, or septicæmia, or any hint of their influence; and directions were given to bleed for almost everything. In all inflammations of lung or pleura, free bleeding, repeated again and again, was directed; and in those of the peritoneum, the abdomen, after bleeding, was to be covered with leeches. But even then, as I have said, I was startled to find that the writers who laid down those rules had ceased to practise them. It is strange that even now the best text-books give the same directions as to bleeding, although it has become so utterly a thing of the past; and it certainly is time that the teaching should be brought into accord with the practice.

Although something may be said for the varying character of epidemic influence, and for the deteriorating effect of large aggregations of people in cities, I think we may fairly congratulate ourselves that the altered practice we have been considering is not only the greatest change, but also the greatest advance, in our time; and that it is due to the real progress that we have made in our knowledge of the nature of disease.

Mr. Clarke then referred to the abandonment of two other members of the antiphlogistic group—antimony and mercury; expressing the opinion that their disuse had been too universal. He did not think mercury necessary for the subduing of acute inflammation, but believed that it was useful in removing the products of inflammation.

It is a great misfortune, as I think Sir William Jenner has somewhere said, that it so often happens that, because a remedy does not do all that it has been said to do, and because its action is not in the way that previous theory had indicated, it should be entirely given up. The patient may be the better for a medicine, although some other explanation of its action than the one generally received may be the true one, and even though we may not be able to explain its action at all. As in the days of Celsus, so now, there are to be found theorists and empirics; and I am afraid that, as then, so now, unless for the one class the stamp of experience, or for the other of a perfect explanation,

can be obtained, they will not adopt the practice. But even experience itself teaches that neither empiricism nor theoretics is an infallible guide. The experience of ages may mislead; very plausible theories may be false; but we must still hold that the guiding of experience is the perfect pilot; whilst, on the other hand, we cannot discard reasoning because its conclusions are often untrue. Happily, we may say, as it has been said before, that men whose opinions have been directly opposite to one another have, notwithstanding, equally restored their patients to health.

Celsus has wisely said that "medicine ought to be rational, but to draw its methods from the evident causes; all the obscure being removed, not from the attention of the artist, but from the practice of the art". It is not to be wondered at that, during such a remarkable transition as we have been considering, when plans of treatment that had endured the test of ages of experience were almost completely set aside, some, and even men of education and intelligence, should have made shipwreck of their medical faith, and thought that they had found in infinitesimal doses better results than had been obtained from the former heroic treatment, or that others should have passed over to the very opposite extreme, and endeavoured, by an inordinate use of stimulants and cramming, to make up in our generation for the depletory treatment of ages. But, fortunately, most men took a more reasonable view of the change, and accepted the more promising practice of the present time, the main guiding principle of which is to support and aid the natural tendency to recovery.

There can be no question, I think, that the change has been greatly due to a more scientific investigation of the natural history of disease than has ever been made before; the symptoms and phenomena during life carefully followed up and compared with what was to be found after death, greatly aided by the discovery of numerous instruments of precision—discoveries which have been excelled in no department of science, and which afford a subject of the greatest congratulation and encouragement.

Mr. Clarke then proceeded to give a notice of the discoveries to which he alluded, mentioning the aid which medical science and practice derived from the stethoscope, the microscope, the laryngoscope, the ophthalmoscope, the thermometer, the uterine sound, the various specula, the sphygmograph and endoscope, etc. He expressed the opinion that medicine and surgery had made more progress within the last century than in the preceding 3,000 or 4,000 years; and, among their achievements, spoke specially of the discovery of vaccination and of the use of anæsthetics, giving an interesting historical sketch of each. He next referred to the progress of surgery, dissenting from the opinion that it had become an exact science, but admitting that the improvements in it had been very striking. Among them, he referred especially to the substitution of excision for amputation—holding, however, that excision itself might often be avoided by proper management. He also noticed ovariectomy, Esmarch's method, skin-grafting, the compression-treatment of aneurism, pneumatic aspiration, the operations for the remedy of defects and deformities, subcutaneous injection, etc.; and concluded his address as follows.

Whilst medicine, and surgery, and obstetrics have made enormous advances in our times, we must still freely admit that much ground remains unreclaimed. We seem as far off as ever from any perfect theory on which diseases may be treated; and, although we derive great aid from physiology and chemistry, and other allied sciences, we are still compelled, in our treatment of cases at the bedside, to fall back upon a refined experience. We rely upon the stored-up wisdom of the past, guided and directed by what we ourselves have learned from observation.

We cannot yet say, in many cases, here is such and such a group of symptoms; they indicate a definite derangement, which can be met with mathematical precision by such and such remedies; in some cases, we do almost attain to this accuracy, and it is highly desirable that the number should be increased; but, in the meantime, in the majority, we take a safer course in following the path that the stored-up information that has been gathered in the past leads us.

We must admit, too, that many of the most painful and terrible diseases to which "flesh is heir" remain inexorable to any remedies that we at present possess, and bid defiance to every effort made for their cure. It is only the charlatan who promises to cure everything. For us, the grandest aim is to be true, and all the great in our art have been men who have tried to see clearly and to tell fairly what is likely to be the issue of the storm that they often cannot quell; and nothing, in my opinion, shows more clearly the secure foundation on which our knowledge rests, than the certainty with which we can foresee and foretell the course that a disease will take, thereby often affording most valuable guidance to those we cannot cure. Too much, no doubt, is often expected of us in these days; every one

seeks to be healed of his disease, and wonders why, in his case, we fail, not recognising that, in this world, we are not to reach the land where there shall be no sickness nor any more deaths.

MEDICAL TOPICS OF THE YEAR.

Being the Address delivered at the Annual Meeting of the South-Eastern Branch.

By JAMES R. STEDMAN, M.D.,

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IF I feel very great pleasure and, at the same time, but little confidence in my power efficiently to carry out the honourable position as your President, in which my too partial friends have placed me, it is from an honest feeling of self-blame, which tells me I have not sufficiently attended to, I fear, for many years the duties incident to the position of a member of our Association so well as to make myself so fully conversant with the duties of your President as I ought to be. I, therefore, crave your indulgence, and promise to do better for the future. I this day, on behalf of myself, our Vice-President, and the local committee who have acted so kindly and indefatigably with me, bid you most hearty welcome, and trust this present meeting may recall the two former Guildford meetings; the first under the presidency of my father twenty years since, quite in the youthful days of the Association; the second, which, doubtless, many may remember in this room, a few years since, most successfully carried out by my old friend Mr. Napper.

Owing to the warm and most kind wish of Dr. Brushfield of Brookwood Mount, one of our vice-presidents, to show the great County Lunatic Asylum at Brookwood to the members of our Branch who may meet here to-day, I have ventured to depart from the usual order of our meeting in making but a very short address to you; but, in the few minutes we may have to spare, may I presume to call your attention, however briefly, to subjects which at the present time are of importance and interest to the profession? I do this not so much for the purpose of imparting information, as of eliciting discussion at such meetings as may be held during the coming year.

I think we must admit that, although the private position of the medical practitioner, as far as affects his relations to those who seek his advice, remains much as it has been for nearly half a century, the public demands made on him have much increased, requiring a greatly additional and varied amount of information, especially on subjects on which the public will look to him as a skilled opinion.

Among the public duties of the profession, we class sanitary legislation, as affecting the position of medical officers of health; and we should endeavour to determine if the sanitary condition of the country be best forwarded and ensured by the appointment of a single medical sanitary officer acting over a wide district, or by those parochial medical officers whose care extends over a much more limited sphere.

The much increased duties and strict attention to analysis required of those acting as medical analysts requires notice.

The very important question of how our rivers are to be freed from pollution demands instant attention, and the advice of the medical profession of the country should be sought in aid of the engineers whose special duty it must be to carry out the great work of preserving in its purity the water which is bestowed on us, and of restoring the results of our sewage to an innocuous state.

The newly raised question of burial, brought before the public with much ability and spirit by a distinguished member of the profession, Mr. Seymour Haden, will not, I hope, be allowed to fall out of the sphere of public opinion and public observation from want of support from the medical profession, especially from those of our members who may have the opportunity afforded them of watching either the result of cremation, as practised in the case of Lady Dilke, or the, in my opinion, preferable plan proposed by Mr. Haden, which is more agreeable to the feelings of the living and highly practical, as regards the speedy passing away of the dead; indeed, by the means suggested by him, the injunction of "earth to earth" will be best carried out. I may here notice that, in Spain, arrangements are always made for the purchase of graves for a certain number of years. The interest of the holder of the ground then ceases; it is sold again after a limited period of disuse, no remains of the former tenants, save a few bones, being found; but it must be said this takes place in a very dry soil. I regret I am not fully informed what kind of coffins are used under these circumstances.

I also think it would be right to urge by every means in our power, due regard being given to the special requirements of the several districts in which we practise, the providing of small hospitals for the treatment of infectious diseases. I am perfectly satisfied of the necessity of a

rigid system of isolation, which may require legislative aid, empowering medical men, under urgent conditions, and where, at the same time, there may be great overcrowding in the house or room where the malady exists, to order the removal of the patient to a hospital; which would, indeed, be but returning to the prudent customs of our ancestors, who kept up in many places what they termed pest-houses, but which might require from modern feeling some more elegant name, such as sanatorium.

I will next draw your attention to the fact that a Bill will be brought forward for the better regulation of the election of coroners, and also for providing retiring pensions for them; in which it will be proposed that the power of electing coroners be vested in the magistracy; no provision, as far as I know, being made (but, doubtless, it will be) for smaller districts, such as our boroughs. On this subject, I do not agree with those who think that the election for coroner had better remain, as heretofore, in the hands of the county freeholders, doing away with voting for graves and other most trifling claims, which have hitherto been admitted as valid in votes recorded for coroners; giving as the reason for such an opinion that, if the appointment were vested in the magistrates, it would most possibly be filled by a legal, not a medical candidate, the lawyers having, in the editor's view of the question, the most influence, and being most accustomed to organise and carry out elections. I do not agree with this opinion, fearing that but little good will be effected by the proposed bill, if left to the county freeholders, as sufficient interest will not be excited by a contested election for coroners, differing as it does in public interest from an election for a county member, to induce the freeholders to travel far or put themselves to any expense to vote, unless the candidates, be they either legal or medical, be put to large and not altogether legitimate outlay to secure their election. I do not know if the election would be by ballot; but, not many years since, I saw electors at the railway station in this town, and in large numbers, very unfit to carry out any function requiring the exercise of intelligence or sober judgment. For my part, I would rather trust to the knowledge that the extended education of medical men in those subjects in which a coroner requires to be well informed, jurisprudence, sanitary legislation, etc., may become so generally known as to make its own legitimate impression on public opinion; so that the medical candidate may possess as strong or stronger claim on the support of the county magistrates as his legal brother; but, to secure this much to be desired end, the medical men of the contested county must be prepared to use all the interest they possess. My experience as a coroner is but limited; but I am very strongly of opinion that the office of coroner is carried out with more benefit to the community by a medical than by a legal authority.

I must take up your time for a few minutes on the subject of abuse of hospitals, of which there has been frequent mention in our JOURNAL during the past year. On this matter, we must feel it our duty, let it affect us personally or not, to do our best to diminish and check a misappropriation of charity, which should be looked on as degrading to those receiving it, who are capable of paying for medical attendance. I have been astonished to hear the plea urged in defence, that at hospitals the patient gets the most skilled opinion. This argument, however, is readily met by the reply, that the same opinion may be had by making the ordinary payment for it.

The President of the Royal College of Physicians, in his recent annual address to the Fellows of the College, deemed it needful, owing to the greatly increased expenditure of members of the medical profession, commencing with their early professional education, extending over a much longer time before they are prepared for the start in medical life, to bring before his colleagues this subject, that they might consider by what means the physician's fee of a guinea should be sufficiently increased to make it a fair equivalent to the guinea as paid one hundred and twenty years since; adding that the physician practising in London at the present day, unless in large consultation or home practice, cannot maintain himself. For this reason, I think the time has fully come that other branches of the profession should also consider how far the great increase of house-rent, stable requirements, price of horses, servants' wages, should justify us to increase our professional charges to such an extent as to place us under such conditions as might compare not unfavourably with our position in the past. At the meeting held two years since in London, I was present at a sectional meeting, when this subject of great increase of price, or rather, lessened value of money, was discussed in rather an irregular manner; and I joined with those who held the opinion that it was more dignified to wait until the occasion for determined action on the part of the profession was more decidedly forced on them by the continuance of increased and necessary expenditure.

I would here allude to the Contagious Diseases Acts, and express my